

## **Behavioral Health Integration Advisory Committee Meeting Summary**

May 10, 2016

**Participants:** DHHS Representatives, BHIAC Committee Members, Heritage Health Plan Representatives

**Next Meeting:** June 22, 2016  
2:00 PM to 3:30 PM, Central Time  
Nebraska State Office Building  
301 Centennial Mall South  
Lower Level Room A  
Lincoln, NE 68509

### Overview

- MLTC Director Lynch welcomed BHIAC members and thanked participants for their willingness to participate in the BHIAC.
- BHIAC members introduced themselves.
- Director Lynch provided an overview of Nebraska Medicaid's current managed care and fee-for-service programs and described how those programs will come together under Heritage Health.
- Director Lynch led a review of the BHIAC Charter and discussed the importance of the BHIAC to the successful implementation of Heritage Health.
- Director Lynch emphasized the broad representation of BHIAC participants including the representation of multiple DHHS divisions.
- Director Lynch noted that the BHIAC membership will be finalized soon and the complete list of participants will be circulated to committee members.
- UnitedHealthCare Community Plan presented its vision and plan for behavioral health integration and reviewed credentialing contact information for behavioral health providers. UHC's presentation emphasized its care coordination model, blended care team approach, and specific capabilities such as Telemental Health.
- Nebraska Total Care presented its vision and plan for behavioral health integration for Heritage Health and reviewed credentialing contact information for behavioral health providers. NTC's presentation emphasized its experience with behavioral health in other markets it serves and successful outcomes with behavioral health-specific programs.
- WellCare of Nebraska presented its vision and plan for behavioral health integration for Heritage Health and reviewed credentialing contact information for behavioral health providers. WellCare's presentation emphasized its integrated model of care and highlighted examples of behavioral health program integration such as its Foster Care Management Model and WellCare Adult Program.

- Director Lynch thanked Heritage Health plan presenters and noted that while this initial meeting includes several presentations, the objective for future meetings would be to encourage as much discussion as possible.
- MLTC Deputy Director for Policy and Communications Rocky Thompson provided a high-level overview of planned communications from MLTC on Heritage Health and reviewed the communications summary document provided to BHIAC members.

### Discussion

- Director Lynch opened the meeting for discussion and also requested recommendations for future BHIAC topics. Recommended future meeting topics included:
  - Provider credentialing
  - Medicaid provider enrollment and site of service issues
  - Behavioral health provider and primary care provider coordination
  - How will reimbursement impact the ability of behavioral health providers to provide what they consider “value-added services” to patients?
  - Behavioral health regulatory updates
  - How Heritage Health plans will address Medicaid-eligible individuals with Severe and Persistent Mental Illness (SPMI) and other special needs populations
  - Provider billing
  - Pharmacy
  - The role of local health agencies
  - Heritage Health enrollment broker